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## ANDERSON ON SKIN DISEASES,

### LECTURES.

*The Relative Frequency of Disease between the Right and Left Sides of the Heart—Degeneration of the Heart; its Causes and Means of Avoidance.* By CORNELIUS BLACK, M.D. Lond., M.R.C.P., Corresponding Fellow of the Imperial Soc. of Phys. of Vienna, etc. etc.

If the question were asked, "Which side of the heart is the more frequently affected by disease?" the answer in perhaps nine cases out of ten would be that the left side of the heart is the one which more frequently suffers. This answer would not, however, embrace the whole truth. It would be true of the aggregate of cases of cardiac disease without reference to age; but it would be untrue if the occurrence of cardiac disease were referred to the later periods of life. If a man lives

to the age of forty years without having suffered from cardiac disease, and if after that period the heart becomes affected, the mischief will, as a rule, be found to exist on the *right* side. If, on the contrary, cardiac disease should occur before that age, the disease will almost invariably be found to exist on the *left* side. Hence it follows that the right side of the heart is the seat of cardiac disease occurring after middle age—the left side of the heart the seat of cardiac disease occurring before middle age.

As in time, so it is with respect to the nature of the diseases which affect the right and left sides of the heart respectively. Those of the right side are the result of tissue-degeneration, or of mere mechanical influences; those of the left side are almost invariably the product of inflammation. The former are diseases

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which tend to widen the valvular apertures and to dilate the right side of the heart; the latter are diseases which tend to contract the valvular apertures and to increase the size and bulk of the left side of the heart.

Disease of the right side of the heart is essentially passive and secondary in its character; disease of the left side of the heart is essentially active and primary in its character. I speak now of disease when it occurs, not when it has existed for some time. Active inflammation of the left chambers of the heart arises; it progresses to a certain extent; treatment subdues it; the patient recovers; but a certain amount of damage is left behind. Years pass on; the patient during this time appears none the worse for his previous illness; but at length pulmonary symptoms suddenly manifest themselves, and then it is that the physician discovers that the left side of the heart is permanently damaged, and that the present condition of the lungs is traceable to this cause.

In this instance the mischief in the heart inducing this condition of the lungs is not, strictly speaking, active. The first step of the cardiac disease was active; but the second step was chronic. Bit by bit—increment by increment—after the patient's apparent recovery from the primary attack, is the valvular lesion left by such attack added to, not perhaps constantly, but intermittingly, until at length the aggregate increments of addition so hamper, oppress, obstruct, and distort the mitral or the mitral and aortic valves, that secondary consequences begin to follow.

In such a case the cardiac disease producing the first degree of valvular lesion was *active* or *acute*; whilst that which really induced the secondary consequences—congestion of the lungs, hæmoptysis, hypertrophy of the lower lobes, or hypertrophy of the left ventricle—was essentially chronic.

Why are the affections of the two sides of the heart essentially different in their nature? Why do those of the left side of the heart point to an inflammatory origin; those of the right side of the heart, with

but few exceptions, to a non-inflammatory origin? There must be some cause for this difference. What is it? The reason is found in the difference which exists between the constitution of the blood which reaches the left side of the heart from the lungs and that which reaches the right side of the heart from the general system. The blood reaching the left side of the heart from the lungs has been replenished with all the elements necessary for the growth of the tissues; it has been purified, renovated, and vivified by its oxygenation in the lungs, and it is thus rendered in the highest degree stimulating to the left heart. The blood reaching the right side of the heart from the general system has been deprived, by the requirements of growth, of the chief portion of its nutrient materials; it has been fouled by the débris of tissue-waste; it has been further poisoned by its impregnation with carbonic-acid gas; it is therefore a depressant, rather than a healthy excitant, to the right heart. True, it brings with it to the chambers of the right heart the products of the digestion of food; but what are they, either as nutrients or excitants, when they reach that point? They are no more than inert, unusable, passive elements. Not until they have passed to the lungs, and have there received the vivifying influence of oxygen, can they enter into the real composition of the blood, and thus become active, exciting, disposable constituents of it.

"Like begets like" in very many instances. This axiom is true in relation to diseases of the heart. The rich stimulating blood of the left ventricle urges, feeds, and actively supports any disease which may arise at that point; whilst the poor, impoverished, fouled, tainted, and attenuated blood which flows through the cavities of the right heart favours disease of a correspondingly low and degenerate character.

So long as the body is rapidly built up and as rapidly pulled down, disease of the left heart maintains an active character; but when the balance between nutrition and waste is destroyed—when nutrition becomes less active, whilst waste remains the same, or is more active than before—

disease of the left heart loses more and more of its active character, and approximates more and more in its nature to disease of the right heart. In many this change begins at the age of forty; in others, not until five or ten years after that period. Thenceforward the tendency to inflammatory disease of the left heart declines—the tendency to degeneration increases. With the gradual declination of the one tendency and the gradual increase of the other, a period is at length reached when active inflammatory disease ceases, as a rule, to affect the left heart. At this juncture the left and right sides of the heart, hitherto dissimilar in their tendencies, are in this respect almost as one. The active tendency of early life has given place to the passive tendency of advancing years—inflammation to degeneration.

Acute rheumatism—a fruitful cause of cardiac disease in the earlier periods of life—is seldom seen beyond the age of fifty. I have, however, attended a case of acute articular rheumatism at the age of seventy-five; but such an instance was an exception to the rule. After fifty, acute rheumatism gives place to a form of rheumatism which slowly produces rigidity of the coats of the bloodvessels, hardens and contracts the tendons, thickens and renders stiff and rigid the ligaments of the joints, hardens and lessens the articular cartilages.

Thus, then, according to a law of nature the *ultima linea* of life ends in—degeneration.

Apart from the influence of this law, can any accidental, casual, or avoidable circumstance favour this immutable tendency to degeneration, speaking more particularly in reference to the heart? Yes; many circumstances are daily, hourly, momentarily doing this. Thousands annually perish from heart disease, whose lives might and would have been prolonged had but proper attention been given to the simple laws of nature. These laws demand attention to the three great vital functions—the action of the brain and nervous system, respiration, and circulation.

None of these functions must be overworked, as none of them must fall short of their proper duty. Healthy, regular,

daily action is their law of life. If the brain and nervous system are overworked, vitality is lowered, the resisting power of the body is diminished, disease is easily produced. If the brain and nervous system are underworked, the generation of nervous power is low and deficient, the vitality of the tissues becomes low in proportion, and disease is easily excited. Overwork exhausts, ruins, kills the body, just as the continued generation of the galvanic current exhausts the acid and wears out the zinc plate. The weakest point of the body has to bear the result of this violation of nature's laws. If the heart is that point, disease falls upon it, and death before the legitimate term of man's existence is the consequence.

To keep the body in perfect health it must be duly oxygenated. There must be free and ample interchange between the blood in the lungs and the air entering the pulmonary cells. The life-stream must be purified by its elimination of carbonic acid; it must be vivified by the absorption of oxygen. The fulfilment of these conditions demands a full, free, and constant admission of pure air into the lungs. This full, free, and constant admission of pure air cannot be obtained in badly-ventilated houses, crowded buildings, schools as at present constructed, theatres, manufactories, pits, underground railways, and the like.

When the body has reached that age at which natural decay or degeneration has begun, the absence of pure air hastens and increases the degenerative tendency. Where the heart is more prone than other organs to disease, the want of pure air falls with powerful effect upon the tissues of the right heart. Their nutrition is defective by reason of the impurity of the blood with which they are fed, their vital force is lowered, their muscular fibre loses its tonicity, degeneration and debility take the place of active nutrition and power. If in this condition any stress is thrown upon the heart by hurried walking, by lifting, climbing, violent declamation, passion expression, singing, laughing, or by any unusual exercise of the voice, the tricuspid valve gives way, it henceforth fails to close its aperture, and the

results of a back-flooding of blood upon the venous system of the body begin to follow. If none of these exciting causes occur, the continued breathing of impure air is followed by constantly progressing degeneration of the tissues of the valves and muscular structure of the right heart; they become soft and feeble, their atoms shrink; the segments of the tricuspid are at length unable to meet in their attempt to close their aperture; a small chink or slit is left between them; through this the blood finds its way into the auricle above at every contraction of the heart; and soon regurgitation is followed by the secondary consequences produced in the general system—congestion of the liver, stomach, spleen, kidneys, bowels—by hæmorrhoids, general dropsy, and occasionally by cerebral mischief.

I hold that the breathing of impure air is a fruitful source of disease of the right heart occurring after middle age. How many people ignorantly favour its occurrence by confining themselves to closely-shut, non-ventilated, hot, stifling rooms in which the carbonic acid has accumulated to 2 or 3 per cent. of the air they respire! How many are thus destroyed by being compelled, through the exigencies of life, to pass the greater part of their time in pits and manufactories where ventilation is defective, or in which the air respired is poisoned by noxious fumes and offensive emanations from the materials undergoing the process of manufacture! How many are falling victims to the poisonous influence upon the heart of the atmosphere of an underground railway! What do these facts suggest? How are these evil results to be prevented? The simple answer is—Let the rooms in which you live be effectually ventilated by an incoming current of air filtered from all adventitious impurities, and so divided that no draught shall be felt; and by an outgoing current which shall remove from the apartments the carbonic acid, carbonic oxide, sulphurous-acid gas, sulphuretted hydrogen, and other noxious compounds, as rapidly as they are generated. Apply the same principle to public buildings, theatres, schools, manufactories, pits, and to all places in which people are accustomed to congregate.

As to underground railways, the best plan is to avoid them. True, the time passed in their polluted atmosphere is usually very short; but it is nevertheless sufficiently long to paralyze occasionally the heart's action, and always, by its pollution of the blood and by its direct effect upon the nervous system, to favour degeneration of the structures of the heart.

It often occurs to a medical man to visit a patient for the first time, and to find him suffering from a dilated right heart, tricuspid incompetency, some degree of hepatic enlargement, and œdema of the lower extremities. There is no asthma, no emphysema of the lungs, no affection whatever of those organs to impede the onward flow of blood from the right ventricle, no history of cardiac affection in earlier life. The patient may for some short time have been sensible of a change in his breathing on walking rather quickly, or in mounting the stairs, or he may never have felt, or at least recognized, any such sensations. His attention was first arrested by observing that his feet and ankles were swollen, especially at night on going to bed. This sign it is which gives him the first alarm, and which causes him to seek the aid of the physician. An examination of his case detects a dilated right heart, with incompetency of the tricuspid valve. How has this condition of the heart been brought about? There is no history of previous cardiac disease; there has been no illness ushering in the present condition of things; there has never been, nor is there now, any affection of the lungs, and yet the right heart has suffered a lesion fatal to life! The answer is, that every such case has passed the age of forty, that the tissues of the right heart have entered upon the period of degeneration, and that this degeneration has, with very few exceptions, been hastened by the impure air, either during the pursuit of the ordinary occupations of life, or in the patient's own dwelling.

When the degeneration of the right heart has progressed to a certain extent, incompetency of the tricuspid valve follows either with or without the aid of an exciting cause. Hence it is easy to understand why dilatation of the right heart and tricuspid incompetency are often

found to exist apart from any previous history of cardiac disease.

The third great vital function which influences the degenerative tendency of the heart is that of the circulation of the blood. To preserve the health of the tissues, the blood must not only be pure and rich in the materials of growth, but it must flow with a certain speed through all the bloodvessels. If the speed with which the blood moves is on the side of either *plus* or *minus* of the standard of health, disease will shortly arise. If it is on the side of *plus*, active disease of the heart, where that organ is the one to suffer, will follow. If on the side of *minus*, tissue degeneration will ensue. Active disease will be the consequence before middle age; degeneration after that period.

These facts teach that all violent and long-continued efforts of the body should be avoided. They hurry the heart's action to an inordinate degree, they cause it to throw the blood with great force into the extreme vessels, and, as there is almost always one organ of the body weaker than the others, the vessels of this organ become distended, and, remaining distended, the organ itself becomes diseased. Running, rowing, lifting, jumping, wrestling, severe horse-exercise, cricket, football, are fruitful causes of heart disease. Those which require the breath to be suspended during their accomplishment are more fruitful causes in this respect than those which require no such suspension of the breathing. Rowing, lifting heavy weights, wrestling, and jumping do this; and of these, rowing is the most powerful for evil. At every effort made with the hands and feet, the muscles are strained to their utmost; the chest is violently fixed; no air is admitted into the lungs; blood is thrown by the goaded heart with great force into the pulmonary vessels; they become distended; they at length cannot find space for more blood; the onward current is now driven back upon the right heart; its cavities and the bloodvessels of its walls become in like manner distended; the foundation of disease is laid. Hypertrophy, hæmoptysis, inflammatory affections of the heart and lungs, are the consequences

in the young; valvular incompetency, rupture of the valves or of the muscular fibres of the heart, pulmonary apoplexy, and cerebral hemorrhage, are too frequently the immediate consequences in those of more mature years.

If the flow of blood is *minus* the standard of health, the heart's walls are imperfectly nourished by reason of a deficient supply of food within a given time; the blood itself, receiving less aëration, is in consequence more impure; degeneration of the heart's walls is thus induced, if it does not already exist—hastened, if it is present.—*Lancet*, Aug. 24, 1872.

## CLINICS.

### CLINICAL LECTURES.

*Abstract of a Clinical Lecture on Excision of the Knee-joint.* By T. HOLMES, F.R.C.S., Surgeon to St. George's Hospital, etc.

Although, gentlemen, the short time allowed for the course of lectures on Systematic Surgery obliges us to be very dogmatic, there are, in truth, two sides to almost every surgical question; and it seems to me that the chief value of these clinical lectures is, that they allow us to explain, separately, these debatable points at greater length, and with the aid of illustrative cases. Excision of the knee is just such a point. It is not many years since it was first performed by Sir William Fergusson, and the number of cases operated on is even now not sufficiently large to enable us to judge of the results with perfect satisfaction. It is only lately, too, that the conditions under which the operation can be favourably performed have been at all clearly defined. In the early days of excision of the knee, the operation was performed on patients advanced in phthisis, or for malignant tumour. No English surgeon would now consider this justifiable. Yet, though the operation has, even now, scarcely passed beyond the experimental stage, its employment has been advocated and condemned with a partisanship which is, I think, quite out of place in such a controversy.

The operation has, indeed, its advantages and its disadvantages. In consider-



ing these, it has been the fashion to compare it with amputation; but we must also compare it with an expectant treatment and conservation of the limb.

*Disadvantages.*—The shock of the operation is very severe, and it is followed by severe surgical fever. After amputation for disease in the child, there is usually but little shock or fever; the child often sleeps soundly a few hours after the operation, and mends steadily from that time. The shock and suppurative fever after excision are, however, not often fatal.

*Arrest of growth in the limb after the operation.*—This is rather common; it is due to the removal of the whole of the epiphysis and part of the shaft of the bones. In the femur, the epiphysal line comes very close to the edge of the cartilage, and consequently, the risk of removing the epiphysis is great. In some cases this can be avoided by merely slicing off the cartilage, and leaving a rounded or truncated end to the bone; but often owing to the extent of the disease, a horizontal cut is absolutely necessary. In the tibia, the space between the articular surface and the line of junction of the epiphysis is greater, and, consequently, there is a better chance of being able to save part of the latter. Of course, the younger the patient the greater would be the relative shortening from this cause.

*The risk of soft union between the bones and of bad apposition.*—The tibia has always a great tendency to fall back, so that only the anterior part of the cut surface is in apposition with the femur, and the partial union thus formed is not strong enough to support the weight of the body; or, if the cicatrix be stronger, it may yield gradually to the weight of the trunk, and the limb may bow outwards, giving it a shortened and awkward appearance. These deformities may be corrected by splints if treated at once, and, unless the shortening and bending be excessive, the limb is still better than a wooden one. A shortening of six inches, compared with the sound limb, is no great hindrance to walking; the pelvis drops on that side, and this obliquity, with a high boot, readily compensates for the shortening.

These, then, are minor disadvantages; the real obstacles to the operation are its severity, the tedious convalescence which follows, and the liability to recurrence of the disease.

It is very difficult to judge of the comparative mortality after excision of the knee; statistics especially are very fallacious. It is not sufficient to compare the total mortality after excision with the total mortality after amputation. Even the most enthusiastic surgeons limit their practice of excision to young patients and to favourable cases, while amputation is performed at all ages, and often under desperate circumstances. Excision, again, is never done for cases of acute injury; in military surgery it has been exceedingly fatal. To arrive at any satisfactory result, we must compare *similar cases* in considerable number; and this is not an easy matter. I believe myself that the mortality after excision is about double that of amputation. I should say, too, that the period of convalescence is about four times as long after excision as it is after amputation. This estimate is, if anything, rather below the mark.

*The risk of recurrence of the disease* is not great when the wound heals rapidly; but, if convalescence be prolonged, a renewal of the caries often results. And when this does happen, do not be in too great a hurry to amputate; treat it as you would caries in the continuity of a bone; there is now no joint to complicate the treatment. Scrape out the diseased bone or apply caustics; if this do not answer, you can excise again; though this, of course, increases the shortening.

The *couleur de rose* doctrines which have been advanced by some surgeons have certainly produced very mischievous results. Excision is not an operation which can be employed indiscriminately; it must be reserved for cases of favourable age, and in which the disease is not too acute or too extensive. When it is thus reserved for suitable cases, the result is infinitely superior to that of amputation. The advantages, indeed, are more marked the earlier the age of the patient.

Amongst the lower orders, amputation of a leg almost ruins a child's prospects

for life; few will have anything to say to him, and the greater part of his life is passed at the cripples' home in the work-house. But after excision he is fit for a sedentary or even for a moderately active life. I have known patients who could easily walk ten and fifteen miles a day after excision; and a German surgeon has recorded the case of a man who was able to follow successfully the arduous profession of a chamois-hunter after this operation. After middle life, the advantages are doubtful. The result of the operation is not generally so good, and an adult can seldom afford the long period necessary for convalescence. The complete use of the limb, after excision of the knee, is not fully acquired for some years.

On the other hand, the number of cases which are available for excision, even in the child, are limited by the fact that many of them are curable without any operation, if you can only give them time. In private practice, amongst well-to-do people, where the parents will readily nurse a child for three or four years, you may cure cases of abscess in the knee-joint, or even of chronic disease of the bones, by means of simple expectant treatment, and may even get a tolerably useful joint. In hospital practice this plan of treatment is impracticable, and then it is that, by excision, you can hasten and facilitate the process of cure without materially altering the nature of the result.

On the whole, then, whilst I fully recognize the advantages of excision, I am strongly in favour of the close restriction of the operation to a limited class of cases.

So far, we have been dealing with the operation in the abstract. We have now to consider, more particularly, the principles which should guide us in the selection of cases, the best mode of performing the operation, and the necessary after-treatment.

*Age.*—The patient must be under forty or forty-five. The elbow or shoulder may be successfully excised at a much greater age; but, after middle life, excisions in the lower extremity are exceedingly fatal. In the case of very young children, free incisions into the joint and expectant treatment are so successful,

that formal excision is seldom necessary; the risk of getting an excessively shortened limb is also very great. This is not absolute contra-indication, since excision may be, and has been, practised successfully in early infancy; but the most favourable age for the excision of the knee may be said to be between five or six and twenty. The operation may, however, be performed, with fair hope of success, when the other circumstances are favourable, as late as thirty or even beyond.

*Constitutional state.*—There must be no visceral disease. The lungs must be examined for signs of phthisis, and the urine for evidence of the albuminoid kidney, which often accompanies chronic disease of the bones; nor should examination of the liver be neglected. There must be no acute surgical fever, and no marked depression of the general health; no great wasting or confirmed hectic.

*Local state.*—*a.* The bones must not be too extensively softened. Unless you can remove all the softened bone, you will be almost sure to get soft union or no union at all. In excision of the elbow, and even of the hip, this objection does not hold good—you do not want to get firm osseous union, as you do in the knee. In many cases, it is quite impossible to diagnose the actual state of the bones before the operation; you must, therefore, always be prepared to change your excision into an amputation, and must always previously obtain the consent of the patient or of his friends to this course if necessary.

One of the most favourable classes of cases for excision are those of so-called "strumous" disease of the synovial membrane, though the patient often shows no sign whatever of the strumous diathesis. It is characterized by pulpy degeneration and thickening of the synovial membrane, and by the frequent presence of small abscesses in the thickness of this pulpy mass, which may, or may not, have burst into the joint; the bones are scarcely affected at all. The operation also is exceedingly simple in these cases; you need not be particular about removing all the thickened synovial membrane, and have

only to remove a thin slice of bone and cartilage from the articular surfaces.

Then there are the cases where a superficial necrosis of some part of the articular surface has taken place, and a sequestrum has formed. In some of the other joints you may just remove this sequestrum, and trust to rest, etc., but in the knee this procedure is followed by such severe shock and profuse suppuration that it is better to excise at once.

b. The disease must not be of too long standing, and the limb must not be too much atrophied. In children especially, if the disease have lasted for any considerable time, there is great risk that it may have extended beyond the epiphyses, and that the operation would consequently be followed by arrest of growth in the limb.

c. The soft parts must not be too extensively undermined.

d. The disease must not be in an acute stage. I have seen excision successfully performed for acute abscess in the knee-joint, but, as a rule, the operation under these circumstances should be discounted. This rule also does not hold good in the case of other joints, especially of the elbow, where excision may be safely recommended in the acute stage of abscess.

It will thus be seen that the most favourable cases of disease of the knee-joint are those which are selected for excision, whilst the more unfavourable are left for amputation, and that this, therefore, tends to increase the mortality after amputation. Some have argued that the tendency is to some extent neutralized by the fact that, since the introduction of chloroform, amputation has been performed in many favourable cases of old deformity, etc., which would formerly have declined the operation. This may be true, but, on the other hand, a far larger number of favourable cases are saved by the conservative surgery of the present day, which would formerly have undergone the operation; so that I do not doubt that, on the whole, amputation for disease is now practised in a class of cases less favourable for recovery than was formerly the case.

The Operation itself is tolerably simple. Some surgeons, as Mr. Butcher, still adhere to the H-shaped incision; this, however, is rarely required—only when a joint is ankylosed in an awkward position, or when you wish to expose the bones very freely. Others make a large anterior flap, inclosing the patella; the only advantage of this is that you can at once amputate, if necessary, without removing much of the femur; the objections are, that there is a large hollow left after the removal of the patella, and that the wound is larger, and, consequently, the shock is increased and convalescence retarded.

Langenbeck, I believe, operates, or used to operate, on a totally different plan, and with a different object in view. He makes a longitudinal incision down each side of the joint, divides the lateral and crucial ligaments, and turns the articular surfaces out through one of the wounds. He leaves the patella and its ligament entire; his object being to get a movable joint, while we look for firm ankylosis. I have no experience of Langenbeck's treatment, but, from my own experience, should always advise the removal of the patella, or, at all events, of the whole of its cartilaginous surface. When the patella is left, it often becomes the seat of the recurrence of the disease, and, if the bones are to be firmly united and soldered together, there is no advantage to balance this risk. You will see, by the examination of such cases several years after recovery, that the quadriceps extensor cruris becomes atrophied, and the function of the patella entirely abolished.<sup>1</sup>

I think, then, that the best plan is to make a single straight incision from the back of one condyle to the back of the other, cutting across the ligamentum patellæ, and completely dividing both lateral ligaments. After turning up and removing the patella, the limb is well flexed the back of the condyles cleaned, and the lower part of the femur sawn off nearly perpendicular to the axis of the bone; the head of the tibia is then cleaned and sawn across horizontally. The danger to the

<sup>1</sup> See an illustration in Holmes's System of Surgery, vol. v. page 708. Second edition.



popliteal is not great, unless it be bound down to the back of the bones—glued to them, as it were, by inflammatory products; nor is there any motive for sawing the femur from behind forwards, as has been recommended.

Be very careful to tie all bleeding points. I always use the carbolized catgut ligatures, and cut off both ends quite short; the knots do not interfere in the least with rapid union. I find this much more satisfactory than torsion, especially for small vessels.

Put up the limb at once, before the patient recovers from the chloroform. There are several different forms of apparatus. The limb should be perfectly straight, and the splint should be carefully adapted to it. The plaster of Paris splint is very good; the best form is that of Dr. Patrick Watson, a description of which is inserted in the *System of Surgery*. The objection is that, if the limb become inflamed and swells, you have at once to take it all down; and if, as sometimes happens, the limb shrinks, the splint allows too much motion. The same objection applies in some degree to Mr. Butcher's apparatus; this consists of a sort of trough, formed by three flat wooden splints, open in front. In this hospital we usually use a McIntyre's splint, cut away at the sides opposite the joint. Wooden side splints are applied to this, and a well moulded leather splint is fitted over the front of the thigh.

Whatever apparatus you use, do not disturb the limb oftener than you are absolutely obliged; perfect rest is the great point of the after-treatment. If you can avoid any changes for four or five weeks, so much the better; by that time there will probably be a sufficient amount of union between the bones to dispense with all special apparatus for the future.

Do not allow the patient to use the limb too soon, and watch him for some little time after he begins to move about on it, so that you may at once check and correct any tendency to bending or bowing at the seat of union.—*Brit. Med. Journ.*, Oct. 12, 1872.

#### HOSPITAL NOTES AND GLEANINGS.

*Treatment of Sick Headache.*—About a

year ago there was published in the *Brit. Med. Journ.* the results of the experience of a large number of leading British physicians regarding the treatment of this distressing affection. The substance of the report amounted pretty much to this: that the relief afforded by the medical man was, as a rule, so trifling that the patient took the matter into his own hands, and found by experience the best way to obviate or alleviate the attack, or made up his mind that the affection was incurable. Bromide of potassium was, however, noticed as a drug occasionally capable of affording relief. Dr. Williams, of the Sussex Lunatic Asylum, also recorded the experience, at that institution, of Indian hemp as a remedy, and stated the opinion of his colleague Dr. Greene and himself, that this drug was worthy of extended trial. Since the appearance of our report, guarana or paullinia powder, a remedy for sick headache which has been employed in France and elsewhere for some years, was brought prominently before the notice of the profession in this country by Dr. Wilks. . . . "The results obtained are very various, and show that our knowledge of its *modus operandi* is most incomplete. An extended trial of guarana, and a careful observation of the class of cases in which it is of value, will probably ere long lead to a more definite knowledge of its therapeutical value. We are glad to have the opportunity of recording the views of Dr. Wilks on guarana and the other remedies which his special attention to the subject has led him to employ since the publication of his first paper. The opinion entertained by him regarding the value of cannabis Indica is shared by another of the writers in the report. Indian hemp seems deserving of a full trial.

"As regards the treatment of sick headache," says Dr. Wilks, "I have until late years been able to do little more than recommend to my patients the avoidance of all those circumstances which they know from experience would induce an attack. I allude, of course, to nervous headache, for I believe that this is almost the only form for which we are consulted; a temporary disturbance of the head arising

from various causes, requiring no medicine, or but a casual dose. During the last three or four years I have been able, with others in my profession, to do something more positive than preach hygienic principles to my patients, having in our possession three remedies which have been doing eminent service in this terrible complaint. In the first place, there is the bromide of potassium, which is so valuable a medicine in many cases of sick headache that it can scarcely be superseded by a better remedy. The patient, who is very often a gentleman, comes home with a splitting headache, fatigued and worried after a hard day's work; he takes fifteen or twenty grains of bromide of potassium, presently goes off to sleep in his easy chair, and wakes in an hour well. I have known this occur in so many instances, that I cannot hesitate in my belief as to the efficacy of this medicine. It is one which I always first employ, having seen such eminent advantages follow its use. I have known many patients declare, that the bromide was the first medicine they had taken in their lives which had had the slightest effect in relieving their headache.

"About two years ago, I commenced to use the cannabis Indica, and I have no hesitation in saying that in this drug we possess a most valuable remedy against headache. I have never given it in large doses with the object of counteracting the pain by producing an immediate effect, but have employed it in doses of a few drops three times a day, and continued for some weeks. In several cases where my patients were subject to constant headache, great benefit was experienced, several of them having written to say that they had got rid of their trouble, or it had been less frequent. I consider it superior to all other remedies in this respect that, if efficacious at all, it preserves the patient from his malady; whereas other medicines do little more than arrest the attacks when they have commenced. I have not given cannabis in the manner recommended by Dr. Williams (of Hayward's Heath), in the form of a dose of the extract daily.

"Thirdly, guarana has been introduced

to our notice as a remedy for sick headache, and here, again, we have a very valuable addition to our *Pharmacopœia*. In many instances, especially those of ladies, I have had the most positive assurance given to me of the power of this drug in arresting headache, so that not the slightest doubt can be entertained of its immense value. A dose is usually taken when the headache is approaching; and if this is not quickly successful in arresting it, a second powder is swallowed; after an hour or so, if the remedy is to be useful, the headache has disappeared. I know of several cases in which the greatest enthusiasm is expressed by patients as to its merits. At the same time, I am constantly hearing of cases where it has failed. I am now trying it in smaller doses by daily administration.

"I feel certain that these three drugs—bromide of potassium, cannabis Indica, and guarana—constitute a most important addition to our nervine medicines, and that in them we have remedies against a terrible complaint which, a few years ago, constituted the opprobrium of medicine. I might say that I know of cases where galvanism has very speedily cured a pain in the head; and I can call to mind the case of a lady, where the application of the bisulphide of carbon invariably relieved the most severe headaches."—*Brit. Med. Journ.*, Dec. 21, 1872.

*Ruptured Jejunum; Absence at First of Serious Symptoms.*—John R—, aged 32, brewer's man, was admitted into the London Hospital, under the care of Mr. Rivington, February 19, 1872. Patient was walking across a plank laid over a brewer's vat, when he missed his footing, and fell a distance of sixteen feet. When he came to the hospital he was examined by the house-surgeon, who was unable to detect any sign of a serious injury, and, consequently, gave him an out-patient's ticket. Later in the day he returned, complaining of pain in the chest, and also at the lower part of the belly. He was admitted as a case of contused chest. The patient was a very stout man, with much fat on his body, and it was therefore difficult to examine satisfactorily his ribs

and sternum. His water was drawn off, and it was like dark tea, without blood. He vomited once when he came in. Subsequently he had a disposition to vomit, but did not bring up anything. When seen about 5 o'clock, by Mr. Rivington, he did not exhibit the usual signs of the injury from which he was suffering; he did not complain of pain in the abdomen; he was not sick, and he was not in a state of collapse. In the course of the evening severer symptoms came on, and he died on the following morning at 11 A.M. At the post-mortem examination the jejunum was found ruptured near the duodenum, and the sternum was fractured.—*The Lancet*, Dec. 14, 1872.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Borax and the Nitrate of Potassa in the Loss of Voice from "Colds" in Public Speakers and Singers.*—Dr. JOHN W. CORSON, of Orange, N. J., states (*Medical Record*, Jan. 1, 1873)—

"1. That in sudden hoarseness or loss of voice in public speakers or singers, from 'colds,' relief for an hour or so, as by magic, may be often obtained by slowly dissolving and partially swallowing a lump of borax the size of a garden-pea, or about three or four grains, held in the mouth for ten minutes before speaking or singing. This produces a profuse secretion of saliva, or 'watering' of the mouth and throat. It probably restores the voice or tone to the dried vocal cords, just as 'wetting' brings back the missing notes to a flute when it is too dry.

"2. Such 'colds' may be frequently 'broken up' at the very commencement; and this restorative action of the borax to the voice may be materially aided by promptly taking, the evening previous to a public effort, dissolved in a glass of sweetened water, a piece of the nitrate of potassa or 'saltpetre' a little larger than a garden-pea, or about five grains, on going to bed, and covering with an extra blanket. The patient should keep warm next day. This both moistens the dry throat and further relieves the symptoms of 'cold' and slight blood-poison-

ing from suppressed perspiration, by re-opening the millions of pores of the skin more or less closed by cold.

"3. These remedies have the three recommendations of being easy to obtain, convenient to carry in travelling, and perfectly harmless.

"4. They are nearly or quite useless in the actual cure of long-continued chronic disease of the throat, or acute inflammation or 'tonsillitis,' both of which require other appropriate treatment."

*Fluid Extract of Castanea Vesca in Pertussis.*—Dr. THOMAS S. DAVIS gives in the *Medical Times* (Dec. 28, 1872) the results of the treatment of 15 cases, with this remedy. The first eleven cases had the characteristic whoop, the remainder had well-marked paroxysms, but not the full spasm, and they recovered without having it. In each case the violence of the spasm was reduced even more markedly than the number of the paroxysms. The castanea was continued for a week, after which, in a few cases, a simple expectorant was given. The nurse in charge, who had witnessed many epidemics of the disease, declared she had never seen medicine act like it.

This medicine is made from the beans of the common chestnut tree, *castanea vesca*, natural order *Cupuliferae*. The preparation used was the fluid extract made by Mr. John M. Maisch, of Philadelphia (see *Amer. Journ. of Pharmacy*, Dec., 1871, p. 529). The dose is half a teaspoonful to a teaspoonful every three or four hours, for a child six years old.

*Nitrite of Amyl in Spasmodic Asthma.*—Dr. JAMES A. DUNCAN, of Toledo, Ohio, relates (*Michigan Univ. Med. Journ.*, Dec. 1872), three cases of spasmodic asthma promptly relieved by the inhalation of a few drops of the nitrite of amyl.

*Medical College of the State of South Carolina.*—Dr. R. W. GIBBES, of Columbia, has been elected to the chair of Anatomy and Surgery in this institution made vacant by the resignation of Dr. Darby.

*The Philadelphia Medical Register and Directory for 1873.*—We are happy to an-

nounce the publication of the volume for this year under the supervision of Dr. JOHN H. PACKARD. In addition to the list of reputable practitioners of medicine in the city of Philadelphia, it also contains lists of the medical societies, medical schools, hospitals, dispensaries, charitable institutions, and miscellaneous lists of interest to the physician. It is a useful little volume of 808 duodecimo pages, and we trust that it will receive the support that it merits.

We regret that several inaccuracies have crept into the text. The library of the College of Physicians of Philadelphia, is stated to consist of "nearly 16,000 volumes," whereas the number is materially over that figure (see *Medical News* for January, p. 12). Again we read "over 3000 of these volumes have been given to the College by Dr. Samuel Lewis." This statement appears to have been copied from the Directory of 1868, and does injustice, unintentionally we are sure, to the liberality of the founder of the "Lewis Library," who is continually adding to his munificent gift, which now comprises between four and five thousand volumes.

*Archives of Scientific and Practical Medicine.* Edited by Dr. BROWN-SÉQUARD, assisted by E. C. SEGUIN, M. D.—The first number of this journal has just been issued; it consists of one hundred octavo pages of tinted paper, neatly printed; and is announced to appear on the 15th of every month. The contents are varied and of unusual worth, and the name of its distinguished editor is a guarantee of the interest that will be attached to its pages.

We cordially welcome the appearance of our new *confère* in the field of medical journalism.

#### FOREIGN INTELLIGENCE.

*The Oxalate of Protozide of Iron.*—At a recent meeting of the Académie de Médecine (*Bull. de l'Académie*, Oct. 12) M. CAVENTOU delivered in his report on this substance, which had been laid before the Academy two years since by M. Girard. The reporter stated that the mode of preparation recommended by M. Girard is in no wise different from that usually

employed in laboratories. Its therapeutical properties have been carefully tested by M. Hérard in cases of chlorosis and anemia, and these prove to be worthy of attention, presenting a preparation of iron which, while proving efficacious, has no tendency to produce constipation. The preparation is almost insipid, is readily taken by patients, and easily borne by the stomach. Given in doses of from ten to twenty centigrammes per diem it increases the strength and cures chloro-anemia as well as other good preparations of iron, while it establishes a peculiar claim by not causing constipation. Indeed, by raising the quantity to from thirty to fifty centigrammes, an aperient action is obtained. M. Cavenou considers that this remedy should be indorsed with the recommendation of the Academy, which is necessary for the authorization of new remedies during the intervals that elapse between the editions of the Codex.—*Med. Times and Gaz.*, Nov. 23, 1872.

*Abortive Treatment of Furunculi.*—As soon as there is perceived on any part of the body that characteristic redness, round in form and variable in size, with a culminating point in the centre, which, red at first, soon turns to a grayish-white, pour into a little saucer a thimbleful of camphorated alcohol; dip three fingers of the right hand into the liquid, and gently rub the part, especially the middle; moisten the fingers, and rub again in the same manner eight or ten times, for half a minute each time. After this friction, dry the place well, and anoint it lightly by the finger with camphorated olive oil, to prevent the evaporation of the alcohol. It is rare for a blind boil or furuncle, at the moment of lessening, to resist four applications of this kind. Often they decrease in inflammation, dry up and disappear, after only one application. When many applications are necessary, it is well to let a certain interval of time elapse between them—for example, to make them morning, midday, and evening.—*Brit. Med. Journal*, Dec. 21, 1872.

*On a Means of Intensifying Cardiac Murmurs.*—At a meeting of the Clinical Society of London, held on December 18,

Dr. VIVIAN POORE explained a simple means of intensifying cardiac murmurs, which is likely to prove useful at the schools as an aid to clinical teaching. He illustrated the scheme by making his patient lie down upon a common mahogany table, placing a walking-stick vertically on the centre of his chest about the level of the third costal cartilage, and balancing upon the top of the stick the sounding-board of a guitar with the orifice downwards. His patient was the subject of an aortic diastolic bruit, and the arrangements made caused the murmurs to be distinctly audible to the members standing around at a distance of several feet from the patient.

*Physiology of the Pneumogastric Nerves.*—

As the result of a series of thirty-seven experiments carried on with electricity on dogs and pigeons, Prof. MASOIN, of Louvain, has stated that there is a marked difference of action between the two pneumogastrics on the heart, and concludes that, for weakening and suspending the functions of the heart, the right nerve possesses a power far superior to that of the left one. The greater action of the right pneumogastric, adds M. Masoin, does not exert itself in any peculiar department of the heart, but in block as it were.—*The Lancet*, Dec. 7, 1872.

*The Origin of Giant Cells.*—SCHÜPPEL, of Tübingen, has recently published in the *Archiv der Heilkunde* the results of a series of microscopical researches touching the origin of giant cells, which he had formerly found to exist in tubercle. His recent researches show that the origin of these cells is due to the transformation of vascular contents, or the organization of elementary granules into giant cells. They are, therefore, formed at the expense of the blood plasma, whether they take rise in the vessels themselves or out of them. The process is, therefore, a free formation of cells.—*Lancet*, Nov. 30, 1872.

*Rheumatism in Whales.*—There is, unquestionably, a great deal of unknown and unrelieved suffering in the world. If want of sympathy and difficulty of finding relief add much to physical distress, it is

sad to think of the new field of woe on the largest scale which Dr. Struthers has discovered in hitherto unexplored regions of pathology. In studying the osteology of whales, he has discovered that they are very liable to rheumatism. He has seen many examples of rheumatic ostitis in whales of different kinds. It has been said that animals are not subject to disease until they are brought into connection with man, but this fact contradicts the theory. It is the more remarkable, seeing that whales are less subject than man to variations of temperature. The cold-water treatment does not seem to be efficacious in the cure of the disease.—*Brit. Med. Journal*, Dec. 21, 1872.

*Testing of Urine for Biliary Acids.*—M.

STRABURG (*Repertoire de Pharmacie*) uses the following method, which seems elegant, safe, and easy: 1. A bit of sugar is dissolved in the urine. 2. A bit of filtering paper is dipped in the urine and dried. 3. When the paper is dry, one or two drops of sulphuric acid are put upon the paper. If the urine contains biliary acids, the paper assumes a bright violet color on being examined with a strong light.—*The Lancet*, Nov. 30, 1872.

*A Tale of a Nose.*—The readers of surgical works are doubtless familiar with those cases in which the nose is reported, after having been cut off, to have been successfully replaced—in one instance, after a dog had run away with it. An interesting example of the reparative power of nature in such an injury is recorded in last week's *Wiener Medizin. Wochenschr.* by Dr. MALFATTI. On November 13, 1871, Lieutenant Preiser, while in barracks, had his nose cut off by a sabre. The wound passed through the middle of the cartilaginous part of the bridge of the nose, dividing the left ala along its posterior third, the septum through its middle, and the left ala two lines behind the anterior angle of the nostril. The piece cut off was taken up from the ground where it lay, cleaned with cold water, and reapplied, being secured in its place by means of sutures. A week after the injury, a dry scab began to form on the left ala,

and extended in the course of three days over nearly the whole nose. Granulations gradually formed, healing went on steadily, and on February 1, 1872, careful examination was required to detect any trace of the injury.—*Brit. Med. Journal*, Dec. 21, 1872.

*Unhealthiness of Sewers.*—In our number for September last, p. 157, we copied a statement in regard to the exemption of men working in sewers from fever. We now see it stated (*Lancet*, Nov. 16, 1872) that Dr. BATSON, Medical Officer of Health for St. George's, Southwark, in his last Report draws attention to the extreme unhealthiness of men engaged in working in the sewers. We regret that it is not stated from what forms of disease they suffer.

*Tincture of Chloride of Iron for Corns.*—Dr. C. BARBER states (*Lyon Médicale*) that he has cured three cases of corns on the toes by the application of a drop of the tincture of chloride of iron applied on the corns night and morning. This application was continued for fifteen days in one case, when the corns from which the patient had suffered for thirty or forty years were entirely destroyed, and pressure on the part gave not the least uneasiness.

*Deaths from Chloroform.*—In the *Brit. Med. Journ.* for Nov. 30, 1872, there is recorded the case of an intemperate hostler, aged 49, to whom chloroform was given for the purpose of painlessly resetting his fractured leg and dislocated ankle-joint. His heart suddenly stopped during the operation, and the usual restoratives were unavailing. A *post-mortem* revealed a diseased heart.

In the same journal for Dec. 14, there is reported the case of a labourer, aged 28, who died under chloroform administered for the purpose of painlessly amputating a thumb which had been crushed by an accident.

In the same journal for Dec. 28, still another case is recorded. A man, aged 35, was placed under the influence of chloroform at King's College Hospital by the chloroformist to the Hospital to have

his leg examined by Mr. Henry Smith and necrosed bone removed, or the limb amputated at the thigh. He had inhaled chloroform for about five minutes, when signs of distress came on, in a minute or two more it was followed by a sudden cessation of the heart's action, a sudden gasping for breath, a brief struggle, and death. Restoratives were applied without avail.

*Death from Hydrate of Chloral.*—A case of this is reported (*Med. Times and Gaz.*, Dec. 7, 1872) from the administration of two hundred grains prescribed by a druggist.

*To Kill Lice.*—All kinds of lice and their nits may be got rid of *tuto, cito, et jucunde*, by washing with a simple decoction of stavesacre (*Delphinium staphisagria*) or with a lotion made with the bruised seeds in vinegar, or with the tincture, or by rubbing in a salve made with the seeds and four times their weight of lard very carefully beat together. The acetic solution and the tincture are the cleanliest and most agreeable preparations, but all are equally efficacious in destroying both the creatures and their eggs, and even in relieving the intolerable itching which their casual presence leaves behind on many sensitive skins. The alkaloid delphinia may be also employed—but possesses no advantage, except in the preparation of an ointment when for any reason that form of application should be desired.—*Edin. Med. Journal*, Nov. 1872.

*Cholera in Russia.*—Over 80,000 persons are said to have died of cholera in Russia during the past year.

*College of Surgeons of Dublin.*—Mr. Hargrave, in consequence of impaired health, has resigned the Professorship of Surgery in this school, and Mr. William Stokes has been elected his successor.

*Paris Faculty of Medicine.*—Two of the three vacant chairs have been filled by the election of M. Charcot into that of Pathological Anatomy and of M. Léon le Fort into that of Operative Surgery.



**University of Vienna.**—Dr. SPATH was installed as Rector of this University on the 18th November, and delivered his inaugural address, taking as his subject *Das Studiren der Frauen*. Recognizing the intellectual capacity of women, he remarked that they could not be rendered fit for the tedious study or for the difficult practice of medicine. They were not made by nature for these. He warned the ladies against the superficial knowledge through which they lost their womanhood and yet did not become like men; and he denied that women might be usefully employed in specially treating the diseases of women and children, for the lady-doctor must possess general medical knowledge beyond what was required for these purposes. The address was listened to with much attention, and at its close was highly applauded.—*Brit. Med. Journ.*, Nov. 30, 1872.

**Professor Virchow.**—It is stated in the *Lancet* (October 26, 1872) that the freedom of the city of Bologna has been conferred upon Prof. Virchow "on account of the eminent services he has rendered to science."

**Mr. Huxley.**—Mr. Huxley has recently been honoured by an election to the position of Lord Rector of the University of Aberdeen.

**New Medical Journals.**—A new monthly journal, under the name of *Il Galvani*, is announced to be published this year at Urbino, in Italy. It is to be specially devoted to electro-therapeutics.

The first number of a new semi-monthly medical journal, called the *Irish Hospital Gazette*, was published on the 1st of January last. It, like the former *Dublin Hospital Gazette*, is to be mainly devoted to the cultivation of practical medicine and surgery.

The first number of a new London weekly, to be called *The Medical Record*, is advertised to be published on the 8th of January last. Its special object will be to supply an analysis of the contributions

to medical literature contained in British and foreign periodical medical literature. We wish that the name chosen had been other than that of a well-known periodical published in New York.

*Revue des Sciences Médicales en France et à l'Étranger.*—This is the title of a new French quarterly journal announced by G. Masson, of Paris, to be published under the editorship of Dr. M. G. Hayem, of which the first number was issued on the 15th of January, 1873. It is intended to supply a want felt in France of a work like "The Half-Yearly Abstract" originated by Ranking, or the "Retrospect of Medicine" by Braithwaite, published in England, or of several similar works published in Germany.

**OBITUARY RECORD.**—Died at Vanves, France, on Nov. 23, in the 78th year of his age, Dr. FELIX VOISIN, formerly principal physician to the Bicêtre Asylum. Dr. V. was a most distinguished alienist and the author of several works on mental diseases, the most remarkable of which is *Le Traitement intelligent de la Folie*, published in 1847.

— on the 6th of December, in the 74th year of his age, M. FELIX ARCHIMEDE POUCHET, the distinguished zoologist of Rouen, and the well-known advocate of the theory of spontaneous generation. No fewer than eighty-three scientific works have proceeded from his pen, and his latest production was an able *résumé* of his views on heterogeny, published in a late number of the *Revue des deux Mondes*. The family ability is, we understand, perpetuated in his son, the author of several esteemed works in ethnology.

— on December 22, aged 54, HOLMES COOTE, F.R.C.S., Senior Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital. Mr. Coote was a skilful anatomist, an active teacher, and a surgeon fertile in resources. He was a valuable contributor to Holmes's *System of Surgery*, and to journal literature. We regret to learn that he leaves a family with very restricted means. The cause of his death is stated to have been general paralysis.

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"LONDON, Oct. 1872."

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